OCEFT SITE HEALTH AND SAFETY PLAN

1	Case / Project Name: NY Waterway (CWA)	2	Project Number: CID Case #: **0203-M296**
3	Location: Aboard a Commercial Ferry Boat on the Hudson River, Upper Bay of the New York Harbor, and East River.	4	Date of Field Activities: Install: September 28, 2018
5	Site Map attached? ☐ Yes **X No**		
6	Brief Site Description: Investigation has revealed that the NY Waterway ferries are potentially illegally discharging their wastewater tanks, either via illegal pumping afterhours or through direct discharge while the vessels are in operation.		
7	Brief Description of Field Activities / Scope of Work: Introduce non-hazardous concentrated green dye to a restroom (head) aboard one of the NY Waterway ferries. See if the dye is visible while the vessel is underway and if not, monitor an IP Camera installed by a Private Investigator working for the Relator's Attorney.		
8	Area served by 911? ☐ Yes ☐ No **X Unknown**	9	Medical Assistance On-Site? ☐ Yes **X No** ☐ Unknown
10	Ambulance (name and #) **VHF Channel 16 (Marine Radio) – US Coast Guard Station New York**		

11	Hospital (name, address, and #): **NJ Side** **Jersey City Medical Center** **355 Grand Street** **Jersey City, NJ 07302** **201.915.2200 ext 5123**	**NYC Side** **Bellevue Hospital** **462 First Ave** **New York, NY 10016** **212.562.4141**

12	Emergency route: N/A	13	Route map attached? ☐ Yes **X No**
14	**Fire Department: FDNY Fireboat** **Contact through US Coast Guard** **On VHF Channel 16 (Marine Radio)** **911 emergency**	15	**Police: NYPD Harbor Unit** **Contact through US Coast Guard** **on VHF Channel 16 (Marine Radio)** **911 emergency**
16	Site Emergency Notification/Evacuation Method: Verbal communication		
17	OCEFT SHEMP: Eugene O'Neill, 732.546.7478	18	NEIC SHEMP: Jason Fritz; 303.462.9036
19	Radiation Safety Assistance: Dr. Edward Wilds, 702.784.8220 or RERT 24/7, 702.528.1740	20	Poison Control: 1.800.222.1222

Major Personnel Roles / Responsibilities

	Name	Role	Division
21	███████████	**Case Agent**	**CID**
	███████████	**Agent**	**CID**
	███████████	**Agent**	**CGIS**

22	OCEFT Site Health & Safety Officer (name, **#)** ████████████████
23	Non-OCEFT or Contractor Personnel? ☐ Yes **X No** ☐ Unknown

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24	POTENTIAL HAZARDS (highlight or check all that apply)							

1	Chemical	19	Sharp / pointed objects	37	Other biological	55	Ergonomic
2	Corrosive	20	Struck by or against	38	Animals	56	Over-taxation
3	Toxic	21	Caught (in, on, between)	39	Insects/spiders/etc.	57	Design flaw
4	Acutely toxic / poisonous	22	Falling object	40	Biological toxins	58	Vibration
5	Carcinogenic	23	Confined space	**41**	**Sewage**	59	Heavy lifting
6	Flammable / combustible	24	Electrical hazard	42	Contaminated food	60	Repetitive motion
7	Reactive	25	Energy release	43	Contaminated water	61	Awkward posture
8	Reactive with water	26	Air pressures >30 psi	44		62	Stress / fatigue
9	Volatile	27	Slip / trip / fall	45	Environmental	63	
10	Inert gases / O_2 deficiency	28	Elevated surface /ladder	46	Heat stress	64	Radiation
11	Oxidizer	29	Trench/excavation/pit	47	Cold stress	65	Laser
12	Cryogenic liquids / frost bite	30	Noise	X	Weather	66	Ionizing radiation: α
13	**Splash**	31	Automatic equipment	49	Limited visibility	67	Ionizing radiation: β
14	Explosive / shock sensitive	**32**	**Vehicles / traffic**	50	Darkness	68	Ionizing radiation: γ
15		33	Structural instability	51	Sunlight	69	Ionizing radiation: neutron
16	Physical	34		**52**	**Lagoon or water body**	70	
17	Explosion (chemical reaction)	35	Biological	53	Heavily wooded area	**71**	**Other – Vessel Ops**
18	Explosion (over-pressurization)	36	Pathogens	54	High altitude	72	Other (specify)

25	Chemical Hazard Log included ☐ Yes **X No**	26		Safety Data Sheet(s) attached? ☐ Yes **X No**

Job Hazard Analysis

Name of Task: Introduce Concentrated Green Dye to Toilet aboard a Ferry while in operation.		Work Area: Inside a toilet aboard an operational ferry.		
Sequence of Job Steps	Potential Hazards	Exposure Potential (L, M, H)	Controls and Safe Practices	PPE (Level and details)
Board Vessel	**32, 52, 71**	**L**	**Use caution when boarding the vessel.**	**None**
Pour Concentrated Green Dye into Toilet	**13, 41**	**L**	**Pour slowly without splashing**	**Gloves**
Disembark Vessel	**32, 52, 71**	**L**	**Use caution when disembarking the vessel**	**None**

28	Monitoring Devices, including Direct Reading Instruments: **N/A**			
	Instrument Type	Brand and Model	Contaminants Measured	Frequency (initial, periodic, etc.)

29	Will heat stress be monitored? ☐ *Yes* **X** *No If Yes,* complete row entry in Block 27.
30	Will cold stress be monitored? ☐ *Yes* **X** *No If Yes,* complete row entry in Block 27.
31	Will medical monitoring be conducted? ☐ *Yes* **X** *No*
32	Will noise levels be monitored? ☐ *Yes* **X** *No*
33	Provide details of monitoring instrument maintenance and calibration methods: **N/A**
34	Where/how are monitoring records stored? **N/A**

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	Contaminant Action Levels				
35	Contaminant	Level	Action	Level	Action
	Oxygen Level	<19.5%	Oxygen deficiency; interrupt task; evacuate site	>23.5%	Potential fire hazard; evacuate site;
	LEL	>10%	Potential explosion hazard; interrupt task; evacuate site; notify EMS	>20%	Explosion hazard; interrupt task; evacuate site; notify EMS
	H_2S	5 ppm	Interrupt task until area can be vented if possible or until proper PPE can be worn	10 ppm	Immediate danger, evacuate from site until area can be vented or proper PPE can be worn.
	VOC	>50 ppm	Potential hazard; interrupt task and evacuate site until the area can be vented or until proper PPE can be worn		
	CO	>35 ppm	Potential hazard; interrupt task and evacuate site until area can be vented or until proper PPE can be worn		

36	Additional Control Measures (engineering, work practices): **N/A**
	Engineering controls: ☐ Yes **X No** ☐ Details
	Restricting access to work zone: ☐ Yes **X No** ☐ Details
	Work shift schedules: ☐ Yes **X No** ☐ Details
	Other safe work practices: ☐ Yes **X No** ☐ Details
	Buddy system: ☐ Yes **X No** ☐ Details
	Other controls: ☐ Yes **X No** ☐ Details
37	Site Control & Security: **Provided by CID / CGIS**
38	Spill Control: **None**
	Potential for Spills: ☐ Low ☐ Medium **X High**
	Procedures for minimizing **None – As the dye will be introduced into toilet system aboard the vessel.**
	Procedures for handling drums: **N/A**
	Procedures and materials for clean-up: **None – Dye is non-hazardous and non-toxic.**
	Post-spill response procedures: **None – Notification to USCG Sector New York about dye test.**
	National Response Center: **800.424.8802; Contact OCEFT or NEIC SHEMP Manager**
39	Decontamination Procedures:
	Personnel: Personnel will observe good hygiene practices and follow the NEIC Operating Procedure *Field Safety and Health,* NEICPROC/00-034. Prior to eating, drinking, smoking or departing from the site, all personnel will wash hands and face unless it is physically impossible. Personnel will shower at the first opportunity.
	Equipment: **Equipment cleaning is the responsibility of the project manager**
	Emergency Considerations: **N/A**
40	Disposal Procedures NEIC Field Safety and Health Procedure (NEIC/PROC00-034) will be followed should any contaminated items be accumulated by NEIC.
41	Emergency Response Plan: **Call 911 via USCG Via VHF Channel 16 on Marine Radio**
	Fire/Explosion: **Call 911 via USCG Via VHF Channel 16 on Marine Radio**
	Personal Injury/Illness in potentially contaminated zone: **N/A**
	Personal Injury/Illness in clean zone: **Call 911 via USCG Via VHF Channel 16 on Marine Radio**
	Additional procedures: **N/A**
	Emergency equipment at site: **copious amounts of bottle water for eye wash station, first aid kit.**
	Procedures for response critique and follow-up: **A post operation out brief will be conducted.**
42	Communications: **Cell phones will be utilized for team member communication.**

Equipment	Location	Channels/Phone Numbers	Encryption Y/N?
Hand Signals		Meaning	

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	Required Health & Safety Supplies				
43		Ice		Electrolyte replacement	**X** **Bottled water**
		Insect repellant		Sunscreen	Cool-gel vest
	X	**Emergency eyewash (copious amounts of bottled water)**		Safety shower	**X** **First aid kit**
44	Site-specific training required: N/A				
45	Describe any additional health/safety measures deemed necessary: N/A				

This HASP constitutes the minimum anticipated safety requirements for OCEFT personnel engaged in field activities at this site; however, the Case Agent / Project Manager and/or the OCEFT Site Health & Safety Officer have the authority to change these requirements, based upon site conditions and activities. The OCEFT SHEMP Managers should be contacted about any questions regarding the safety of OCEFT personnel.

Prepared by: ███████████	Date: 09/20/2018
OCEFT Health & Safety Officer Eugene O'Neill	Date:
Project Manager	Date:
Supervisor; ███████	Date:

Pre-Entry Safety Briefing Sign-off

By signing below, I am indicating that I have been given an opportunity to have questions about the HASP (dated _____ / revised _____) and the site activities answered prior to site entry. I agree to abide by the procedures and limitations specified. I will report any injuries and accidental or suspected uncontrolled exposure to site contaminants to my supervisor and or the Case Agent / Project Manager / OCEFT Site Health & Safety Officer.

Name:	Signature:	Date: